

TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

| Attorney Docket No. | 37481-3308B |
|----------------------|----------------|
| First named inventor | Becker et al. |
| Express mail label # | EV338001689 US |
| Date of mailing | June 18, 2003 |

| Application Elements | | Accompanying Application Papers | | |
|----------------------|--|---|--|--|
| 1. [X] | Fee Transmittal Form | 6. [] Copy of Assignments from prior application | | |
| 2. [X] | Specification containing 474 pages (including claims and Abstract). | 7. [] Small Entity Status is claimed 8. [] Preliminary Amendment | | |
| a. | Title: GENES AND POLYMORPHISMS ON CHROMOSOME 10 ASSOCIATED WITH ALZHEIMER'S DISEASE AND OTHER NEURODEGENERATIVE DISEASES | 9. [X] Return Receipt Postcard | | |
| b. | Number of claims: 250 | | | |
| 3. [X] | 113 sheets of drawings with 1-10 Figures. | | | |
| 4. [] | Copy of Declaration from parent application. | | | |
| 5. [X] | Sequence Listing (311 pages) | | | |
| [X] | Paper copy (identical to computer copy) | | | |
| [X] | Computer readable copy | | | |
| [X] | Verified statement | | | |
| | | SIGNATURE OF ATTORNEY/AGENT | | |
| | | HELLER EHRMAN WHITE & McAULIFFE LLP Robert T. Ramos Registration Number: 37,915 | | |

[X] Subject matter of this application was conducted with support from the United States Government under Grant Nos. 1RO1MH60009 (NIMH) and 5P5OAG05134 (NIA). Thus, the U.S. Government may retain certain rights in such subject matter.

| | CORRESPONDENCE ADD | DRESS |
|---------|---|----------------------------|
| NAME | Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP | , |
| Address | 4350 La Jolla Village Drive, 7th Floor | , San Diego, CA 92122-1246 |
| | Telephone: 858.450-8400 | Facsimile: 858.587-5360 |

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53

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FEE CALCULATION FOR CLAIMS AS AMENDED

| a) | Basic Fee | \$ <u>750.00</u> |
|----|--|------------------|
| b) | Independent Claims $\underline{29} - 3 = \underline{26} \times \$ 84.00$ | \$2,184.00 |
| c) | Total Claims $250 - 20 \approx 230 \times 18.00 | \$4,140.00 |
| d) | Fee for Multiple Dependent Claims - \$280.00 | \$ 280.00 |
| | TOTAL FILING FEE | \$ 7354.00 |

- [] Status as Small Entity is claimed, reducing Fee by one-half to \$____.00.
- [X] A check in the amount of \$ 7354.00 to cover the fee for filing the application.
- [] Charge \$.00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

| CORRESPONDENCE ADDRESS | | | | | |
|------------------------|---|------|---------|----------------------|---------|
| NAME | Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP | | | | |
| Address | 4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246 | | | | |
| | Telephone: 858.450.8403 Facs | | Facsi | simile: 858.587.5360 | |
| Submitted by: | | | | | |
| Typed or printed name | Robert T. Ramos Reg. Nu | | | Reg. Number | 37,915 |
| Signature | TRITC | Date | 6/18/03 | Deposit Account | 50-1213 |